U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to complymay result in criminal prosecution, fines, or civil penalties as provided by 29.11.S.C. 439 or 440.

		NSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:	
	059-849	From 0 7 0 1 2 0 0 2 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:	司
E No. 1.7		Through 0 6 3 0 2 0 0 3 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
		8. MAILING ADDRESS	
		First Name	
		[J A	
		Last Name	
		LAWRENCE	İ
		P.O. Box · Building and Room Number (if any)	\
		SUITE 500	\prod
4. AFFILIATION OR ORGANIZATION		Number and Street	_
ALLIED PILOTS ASSO		14600 TRINITY BLVD	$\exists !$
5. DESIGNATION (Local, Lodge, etc.	6. DESIGNATIO	ON NUMBER L	
7. UNIT NAME (if any)		FORT WORTH	
N/A			
Are your organization's records ke	ot at its mailing address? K	State ZIP Code + 4 No T X 7 6 1 5 5 - 2 5 1 2	
(If "No." provide address in Item 75	pt at its mailing address? Yes 5.)	X No	
75. ADDITIONAL INFORMATION			
item Number			
SEE ATTA	ACHED		
			_
Each of the undersigned, duly authorized of accompanying documents) has been exam	ifficers of the above labor organization, nined by the signatory and is, to the bea	n, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any est of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)	
76. Of 5	Sauch	PRESIDENT 77. SIGNED: TREASURER	
SIGNED:		(If other title, (if other title,	
9-24-03 8	17-303-2115 Telephone Number	see instructions.) 9-24-03 / 817-302-2117 see instructions.) Date Telephone Number	
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During the Reporting Period Did Your Organization:			18. How many members did your
10. Have a "subsidiary organization" as defined in	Yes	No	organization have at the end of the reporting period?
Section X of the instructions?			19. What is the date of your organization's MO YEAR 0 5 2 0 0 4
11. Create or participate in the administration of a			next regular election of officers?
trust or other fund or organization, as defined in the instructions, which provides benefits for	X		20. What is the maximum amount recoverable under your organization's fidelity bond
members or their beneficiaries?			for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?	X		21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate
13. Acquire or dispose of any goods or property in	\Box		applies for any line.) Rates of Dues and Fees
any manner other than by purchase or sale?		X	(a) Regular Dues/Fees \$ 1% SALARY per MONTH
14. Have an audit or review of its books and records			(b) Initiation Fees \$(Month, Year, etc.)
by an outside accountant or by a parent body auditor/representative?	X		(c) Transfer Fees \$NONE
·			(d) Work Permits \$ NONE per N/A
15. Discover any loss or shortage of funds or other property?		X	(Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)			22. During the reporting period, did your organization
5. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Ì	have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or			procedures listed in the instructions?
more as an officer or employee of another labor organization or of an employee benefit plan?			procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without	₩.		23. Were any of your organization's assets pledged as security or encumbered in any other way
disbursement of cash?	X		at the end of the reporting period?
		}	24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		ails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
25. Cash		3 8 1 4 0 6 9	5 3 6 3 3 3 8
26. Accounts Receivable		0	0
27. Loans Receivable	1 [5 7 8 5 7 7	1 0 9 3 8 7 3
28. U.S. Treasury Securities		3 0 6 8 5 1 1	1 0 7 8 6 1 2
29. Investments	2	1 0 3 8 9 1 3 4	1 1 1 4 4 0 3 2
30. Fixed Assets	5	6 7 4 3 5 1 7	6 5 2 1 5 3 6
31. Other Assets	3	2742812	2 3 3 8 9 9 8
32. TOTAL ASSETS		2 7 3 3 6 6 2 0	27540389
LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
33. Accounts Pavable	 	7 3 1 2 7 9	4 4 0 8 4 0
34. Loans Payable	8	27044296	0
35. Mortgages Payable		0	0
36. Other Liabilities	4 [9 3 1 3 7 9 6	1 0 5 7 0 5 7 9
	1 .		
37. TOTAL LIABILITIES		3 7 0 8 9 3 7 1	1 1 0 1 1 4 1 9
_	Item 25. Cash	ASSETS SCH #	ASSETS SCH # Period (A) 25. Cash

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FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

-	Enter Amounts	in	Dollars	Only		Do	Not	Enter	Cents
---	----------------------	----	----------------	------	--	----	-----	-------	-------

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		2 3 6 1 0 4 1 1	56. To Officers	9	2 1 8 0 0 9 0
40. Per Capita Tax		0	57. To Employees	10	7 4 3 0 1 7 6
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	1 6 9 3 4 9 5
44. Work Permits		0	61. Educational & PublicityExpense		0
45. Sale of Supplies		0	62. Professional Fees		5 6 6 8 0 6 1
46. Interest		6 0 5 8 1 8	63. Benefits	11	1 8 1 8 1 5 6
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 2 3 7 5
48. Rents		4 0 3 0 9 5	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	8 3 5 5 1 1 3	66. Direct Taxos		1 4 4 4 4 4
50. Loans Obtained	8	0	67. Withholding Taxes		2 8 6 5 3 0
51. Repayments of Loans Made	1	7 8 4 2 9	68. Purchase of investments & Fixed Assets	7	7 3 9 6 9 5 5
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	5 9 3 7 2 5
53. From Members for Disbursement on Their Behalf		686504	70. Repayment of Loans Obtained	8	1 9 3 2 0 6 9
54. Other Receipts	14	2 3 3 0 5 6	71. To Affiliates of Funds Collected on Their Behalf		0
,		- "	72. On Behalf of Individual Members		0
			73. Other Disbursements	15	3 2 6 7 0 8 1
55. TOTAL RECEIPTS		3 3 9 7 2 4 2 6	74. TOTAL DISBURSEMENTS		3 2 4 2 3 1 5 7

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Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Receiv	ed During Period	Loans
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
Name: FURLOUGH PILOT LOAN Purpose: SEE ITEM75 Security: SEE ITEM 75 Terms: SEE ITEM 75	500148	5 9 3 7 2 5	0	0	1093873
2. Name: IRISH PILOTS UNION Purpose: SEE ITEM 75 Security: SEE ITEM 75 Terms: SEE ITEM 75	78429	0	78429	0	0
3					
Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	578577	5 9 3 7 2 5	7 8 4 2 9	0	1093873
The totals from Line 6 are entered in		Item 69	Item 51	ltem 75with Explanation	Item 27 Column (B)

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 3 - OTHER ASSETS

		A					
1	0	5	4	4	4	0	0
1	1	1	4	4	0	3	2
							0
	-						
			•••			···	•••
							_
							0
L							0
L							
1	1	1	4	4	0	3	2
	11	tem	29, (Colu	mn	(B)	
	1	1 1	1 0 5	(B) 1 0 5 4 1 1 1 4	1 1 1 4 4	(B) 1 0 5 4 4 4 1 1 1 4 4 0	(B) 1 0 5 4 4 4 0 1 1 1 4 4 0 3

Description (A)		Вос	k Va (B)	alue			
1. INTEREST RECEIVABLE			4	8	2	5	3
2. DUES RECEIVABLE	1	5	8	4	2	3	2
3. OTHER MEMBER RECEIVABLES			8	4	8	6	1
4. DEFERRED RENT			4	5	6	6	3
5. INSURANCE RECEIVABLE		5	7	1	5	4	6
6. Total from additional pages (if any)	 			4	4	4	3
7. Total of Lines 1 through 6	2	3	3	8	9	9	8
The total from Line 7 is entered in	 	. Iter	n 31	, Co	lumi	n (B))

SCHEDULE 4 - OTHER LIABILITIES

Description (A)				nour of F (B)	erio	d		
1. DEFERRED REVENUE (DUES)		4	2	9	5	5	8	8
2. RETIREMENT PLAN PAYABLE			7	6	7	3	4	8
3. POSTRETIREMENT PLAN PAYABLE		1	8	4	6	7	8	9
4. MEMBER EMERGENCY RELIEF FND				6	5	9	7	3
5, DEFERRED REVENUE (EXHIBTORS)				3	9	0	0	0
6. Total from additional pages (if any)		3	5	5	5	8	8	1
7. Total of Lines 1 through 6	1	0	5	7	0	5	7	9
The total from Line 7 is entered in	 	••••	1	tem -	36, 0	Colur	mn (D)

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)			her	t or Bas				Total Am				on or sed				Boo Valu (D)	le						nir M Val (E		ŧŧ		
1. Land (give location): 14600 TRINITY BLVD, FT WORTH, TX		8	7	0	2	0 0		6897 j.						8	3	7	0	2	0	0	1	0	3	5	3	7 (וֹכ
2. Totals from additional pages (if any)										114																	
3. Buildings (give location): 14600 TRINITY BLD FT WORTH TX	6	7	2	0	3	5 5	1116161	1 (6 1	0	0	9 5		5	!	1	0	2	6	0	3	4	2	1	1 (6 {	5
4. Totals from additional pages (if any)				****																							
5. Automobiles and Other Vehicles			2	0	2	2 3			2	2 0	2	2 3								0						(5
6. Office Furniture and Equipment	3	2	4	6	9	1 3		2	7 (5	8	3 7		9	5 4	4	1	0	7	6	•	5	4	1 (0 1	7 (5 3
7. Other Fixed Assets		•				0				man rugu		0								0	·	-					0
8. Totals of Lines 1 through 7	1 0	8	5	7	6	9 1		4 :	3 3	6	1	5 5	e	3 5	5 :	2	1	5	3	6	4	9	9	7	6	1 '	1
The total from Line 8, Column (D) is entered in					.,,,,,	•••••		******				*******	*********	lte	em :	30, 0	Colu	ımn	(B)								

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	8259447	8259447	8355113	8355113
COMPUTER EQUIPMENT	469344	0	0	0
3. PRINT SHIP EQUIPMENT	64983	0	0	0
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	8793774	8259447	8355113	8355113
and the second	7. Less Reinvestments			0
And the second s	8. Net Sales		8 3	3 5 5 1 1 3
The total from Line 8 is entered in				Item 49

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SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
MARKETABLE SECURITIES	6920588	6920588	6920588
2. FIXED ASSETS	476367	476367	476367
3.			
4.			
5. Totals from additional pages (if any)			
5. Totals of Lines 1 through 5	7396955	7396955	7396955
	7. Less Reinvestments		0
TO THE TAX TO SEE THE	8. Net Purchases	7 3	9 6 9 5 5
The total from Line 8 is entered in			Item 68

SCHEDULE 8 -- LOANS PAYABLE

2 (1 2 1 1 1											,		F	₹ер	ayn	ent	Mad	e D	urin	g Pe	eric	od						
Source of Loans Payable at Any Time During the Reporting Period (A)					Owe Per 3)				Loans Obtained During Period (C)					ash))(1					(the		han)(2)		ash			Loans Owed at End of Period (E)	
1. AMERICAN AIRLINES		7	0	4	4	2	9	6	0	-	1 9	(3	2	0	6	9	5	1	1		2	2	2		7		Û
2. AMERICAN AIRLINES		g	Ū	0	0	0	0	0	0	i					_		0	9	0	0	(0	0	0	(3		0
3. AMERICAN AIRLINES		9	0	0	0	0	0	0	0	İ							0	9	0	0) (0	0	0	()	, , , , , , , , , , , , , , , , , , ,	0
4. AMERICAN AIRLINES		2	0	0	0	0	0	0	0								0	2	0	0		0	0	0	(3		0
5. Totals from additional pages (if any)					• • •																							
6. Totals of Lines 1 through 5	2	7	0	4	4	2	9	6	0	1	1 9	(3	2	0	6	9	2.	5 1	1		2	2	2		7		C
The total from Line 6 is entered in		*****			n 34 n (C				Item 50				ì	tem	70					w	ith	Ite Exp	m '	75 . nati	on	.,	Item 34 Column (D)	

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all persons whether received no same)	o held office during the reporting period lary or other disbursements.)	l even if	G (bet	Sros fore				nd						Dist	burs			ts	(Other								
(B) Title (Enter title of officer, su	ch as PRESIDENT or TREASURER.)	Status (C)*	othe		ledi (D)		ions	s)	All	ow: (E	anc ≣)	es			Busi				Disbu	rseme (G)	ents				Fota (H)			
ABBOTT SCOTT				4	8	5	1	3				(1.	0	3	8	0			(, T		5	8	8	9	3
1. FMR V CHAIR ORD		P																										
AMES ROBERT			1	6	9	0	6	6	1	2	0	0 (2	3	2	6	7				,	2	0	4	3	3	3
2. VICE PRESIDENT		С																										
BEATTY SAMUEL				4	4	6	6	1)		8	4	5	5		-	()		5	3	1	1	6
3. FMR V CHAIR STL		P											į					Ì										
BLOOM THOMAS		, , , , , , ,		8	1	3	5	1				(1	6	3	3	8				,		9	7	6	8	9
4. CHAIRMAN ORD		С																ŀ										
BOETTCHER GARY			1	0	2	4	6	1	,			(1	3	2	0	4			(,	1	1	5	6	6	5
5. CHAIRMAN DCA		С																										
BOUNDS KEITH				5	1	3	9	8				()	1	1	1	6	9			(,		6	2	- 5	6	7
6. CHAIRMAN STL		С																										
BRESLIN DENNIS				ų	2	7	5	5		-		()	2	Ō	0	ų	6			Ç		1	1	2	9	0	2
7. FMR CHAIR LAX		₽																										
8. Totals from additional pages (if ar	ıy)		1	3 (0 4	1 3	8 8	8	2	4	0	0 0) 1	1 6	2	7	1	8		<u>.</u>	C		1	 4	9 1	1	0	6
9. Totals of Lines 1 through 8	· · · · · · · · · · · · · · · · · · ·		1	8 !	9 4	1 5	9	4	3	6	0	0 0) 2	2 6	5	5	7	7			C		2	1 9	9 6	<u>,</u> 1	7	1
														10. L	ess	De	duc	tion	,			1	(3	0	8		I
The total from Line 11 is entered	in			• • • • • •	• • • • • • •			••••••	Iten	1 56		72974m'n 18.		11. 1	Vet [Dist	ours	eme	nts	2	1	8)	0	9	(=)
*Code for Status (C): past officer - F	P; continuing officer - C; new office	er during th	e repo	rting	per	iod	- N			_			Т.	(If a	ny of	fice	r wa	s not	elected a	at a regul and byla	ar ele	ction	in ac	cor	danc	e w	th	

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who received more than \$10 from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		(be	Gros efore	e ta dec	axe luc	s a	nd	Allowances	D	for	· Of usir	eme ficia ness	ıl	Other Disbursem	ents			Γotε (μ)		
(C) Name of Affiliated Organization (in applicab		_		([(E)			(F	<u>} </u>		(G)				(H)		
AHLES	DAVID	1	1 4	1	6	7	6	0			2	9 4	1 7		0	1	4	4	6	2 3
1. EMPLOYEE														ļ						
N/A																				
AITKEN	AL		2	4	2	6	3	0			5	1 2	2 5		0		2	9	3	8 8
2. MEMBER																				
N/A									Ì 											
ALDREDGE	PHIL		2	7	′ 4	3	6	0				1 5	 5 9		0		2	7	5	9 5
3. EMPLOYEE																				
N/A																				
BAKER	ROBERT		1	3	5	2	6	0			5	3 7	7 6		0		1	8	9	0 2
4. MEMBER																				
N/A																				
BALLEW	NICOLE		3	4	3	5	7	0	-			•	1 1		0		3	4	3	6 8
5. EMPLOYEE							İ							<u> </u>						
N/A															ļ					
6. Totals from additional pages (if any)		6 3	3 1	7	' 3	1	7	0	6	9	1 :	9 9	9 6		0	•	7 0	0 9	9 3	3 1 3
 Totals for all employees who, during the reporting per \$10,000 or less in total disbursements from your organy affiliates 	iod, received anization and	3	3 2	? 6	5	0	3	0		9	7 (0 4	4		0		4	2 :	3 5	4
8. Totals of Lines 1 through 7			8				8	0	[3 0	2	6	5 8		0		7 6	8	7 7	' 3 (
and the second s	True a confinere								9. 1	Les	s De	educ	tion	s	2	5	7	5	6	0
The total from Line 10 is entered in		•••••	(11000)	• • • • • • •			•••••	, Item 57	10.	Net	Dis	burs	eme	ents 7	4	3	0	1	7	6
orm LM-2 (Revised 2000)						10			<u> </u>										208	

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)	To Whom Paid (B)		,		ount			
1. PENSION CONTRIBUTIONS	AMERICAN AIRLINES		6	2	6	1	2	5
2. PENSION CONTRIBUTIONS	FIDELITY INVESTMENTS		5	6	9	9	3	7
3. LIFE INSURANCE	PRUDENTIAL			2	0	0	3	1
4. EMPLOYMENT FEES	VARIOUS VENDORS	 		8	2	9	1	7
5. Total from additional pages (if any)			5	1	9	1	4	6
6. Total of Lines 1 through 5		1	8	1	8	1	5	6
The total from Line 6 is entered in				. Ite	m 6	3		

SCHEDULE 12 -CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)			
1. APA SCHOLARSHIP FUND		1	0	0
2 APA FURLOUGH LOAN FUND			5	0
3. ALS ASSOCIATION-VTF	5 (0	0	0
4. ALSA N TX CHAPTER		5	0	0
5. ARCH DIOCESE OF NEW YORK		5	0	0
6. DIANE BURR MEMORIAL ED FUND			5	0
7. Total from additional pages (if any)	6	1	7	5
8. Total of Lines 1 through 7	1 2	3	7	5
The total from Line 8 is entered in	Item 64			
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SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)				ouni 3)	1		
1. RENT		3	3	7	8	2	5
2. INSURANCE		1	9	7	6	2	6
3. SUPPLIES		3	5	1	8	1	5
4. POSTAGE AND DELIVERY		3	7	0	1	2	3
5. REPAIRS AND MAINTENANCE		1	1	7	3	9	7
6. SUBSCRIPTIONS			9	3	4	2	3
7. Total from additional pages (if any)		2	2	5	2	8	6
8. Total of Lines 1 through 7	1	6	9	3	4	9	5
The total from Line 8 is entered in	 	*****	. Ite	m 60	0	_	

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SCHEDULE 14 - OTHER RECEIPTS

Description (A)				ouni 3)	ì		
1. DISCOUNTS EARNED					8	4	4
2. FLIGHTLINE ADS				8	8	4	0
3.OTHER REVENUE				6	7	6	7
4. EXHIBITOR REVENUE		1	6	8	8	0	0
_{5.} AV STUDIO			3	0	0	0	0
6.SECURITY DEPOSIT REFUND	į		1	5	9	9	2
7. EMERGENCY RELIEF FUND				1	8	1	3
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.				_			
16. Total from additional pages (if any)							
17. Total of Lines 1 through 16		2	3	3	0	5	6
The total from Line 17 is entered in			. Ite	m 5	4		

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)				oun B)	t		
1.MEETINGS AND SEMINARS		8	1	6	0	5	1
2.OUTSIDE SERVICES		4	3	0	2	0	6
3.AWARDS/RETIREMENTS			7	4	8	6	7
4.TRAINING			1	4	9	8	5
5.PROPERTY MANAGEMENT FEES			4	3	1	1	5
6.INVESTMENT FEES	,		2	4	6	8	6
7.OTHER MEMBER RELATED COSTS	1	0	2	9	1	9	0
8.TRAVEL ADVANCES					3	5	7
9.INTEREST EXPENSE		6	7	0	3	0	5
10.BAD DEBT EXPENSE		1	0	0	7	1	0
11. DUES REFUNDS			6	2	6	0	9
12.							
13.							
14.							
15.							
16. Total from additional pages (if any)							
17. Total of Lines 1 through 16	3	2	6	7	0	8	1
The total from Line 17 is entered in			Ite	em 7	73		

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	n if	(be	Fore						··········				Dist	ours			its	Other							
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	oth			ucti			Δ	voll)	van (E)	ce	5		Bus				Disbursemen (G)	ıts		•	Tota (H)			
BURY . JOHN SEC/TREASURER	С	1	2	3	2	2	3		9	0	0	0		8	2	5	1		0	1	4	0	4	7	4
CONDES JAMES VICE CHAIR ORD	N			7	6	4	7					0		3	1	4	1		0		1	0	7	8	6
DARRAH JOHN PRESIDENT	С	1	8	9	1	6	4]	. 5	0	0	0	1	5	6	2	8		0	2	1	9	7	9	2
DUNNING ROBERT VICE CHAIR SFO	С		6	9	4	2	8					0		7	3	9	0		0		7	6	8	1	8
EITEL DAVID FMR CHAIR SFO	Þ		5	9	2	0	8					Ō		8	9	B	7	<u> </u>	0		6	8	1	9	5
FARRELL JOHN FMR CHAIR LGA	P		3	1	9	2	8					0		6	9	7	9		0		3	8	9	0	7
FRAZER THOMAS CHAIRMAN MIA	C		6	0	9	6	2					0	1	1	8	1	3		0		7	2	7	7	5
GARRETT ROBERT VICE CHAIR BOS	N			6	3	5	6					0		2	1	2	5		0			8	4	8	1

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
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FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

en if	Gross Salary (before taxes and		Disbursements for Official	Other	
Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
	3 4 6 5 1	0	5 2 6 7	0	3 9 9 1 8
P					·
	3 1 4 9 3	0	7 1 3 6	0	3 8 6 2 9
N					
	10193	0	2 7 5 5	0	1 2 9 4 8
N					
	3 0 4 7 3	0	7 2 3 2	0	37705
N					
	4 4 0 1	٥	0	0	4 4 0 1
₽					
	3 9 0 4 0	0	1 1 6 0 2	0	5 0 6 4 2
C					
	9 9 0 1 1	0	18707	0	1 1 7 7 1 8
C					
···	1 2 0 4 2	0	0	0	1 2 0 4 2
P ,					
	Status (C)* P N N C C	Status (C)*	Status (C)*	Column	Color Colo

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ORGANIZATION NAME:

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ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	en if	G (bef		ss s						Disbursements for Official	Other						
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	othe			luc			Allowances (E)	3	Business (F)	Disbursements (G)				otal H)		
MOREY DAVID VICE CHAIR STL	N		1	5	2	4	: 6		0	7 4 2	0		1	. 5	5 9	9 8	8 8
MORGAN ROBERT FMR SEC/TREAS	P		1	6	4	2	: 8		0	0	0		1	. 6	5 4	i i	2 8
OBORSKI PETER VICE CHAIR LGA	N		4	5	4	2	0		0	5 2 1 0	0		5	5 () 6	5 3	3 0
PHILPOT JIM CHAIRMAN DFW	С	1	2	6	5	0	5		0	3 0 3	0	1	. 2	? 6	S 8	3 (0 8
SHEETS JEFFREY VICE CHAIR DFW	c		7	4	9	4	5		0	6534	0		8	3 7	1 4	1 '	7 9
SOVICH JAMES CHAIRMAN BOS	N		2	8	9	7	8		0	7711	0		3	3 6	5 6	5 8	8 9
SPROC ROBERT FMR V CHAIR MIA	Р	 , · · · ·	2	7	9	5	1		0	4 2 0 9	0		3	3 2	2 1	L (5 O
TURCOTTE LEONARD FMR CHAIR BOS	P		9	2	6	1	. 5		0	12461	0	1	. 0) 5	5 0) ,	7 6

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)	nn if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
WILSON KEITH		67080	0	8 5 3 5	0	7 5 6 1 5
VICE CHAIR DCA	С					
		<u>.</u>				
	:					

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(A) Name (List all employees who received mor from your organization and any affilia (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (I		(before other de	taxe	es and		Allowances (E)	1	sburse for Off Busin (F)	icial ess	l	Other Disbursements (G)			ota (H)			
BARBER EMPLOYEE N/A	JIM	2	4	0 2	1	0		1	3	4	0	2	2	4	1	5	5
BARKATE MEMBER N/A	JOSEPH	6	4	4 6	4	0		4 3	3 1	2	0	(8	7	7	6
BARRETT EMPLOYEE N/A	RICHARD	6	0	4 9	0	0		· · · · · · · · · · · · · · · · · · ·		0	0	6	6	0	4	9	0
BARSHES ACCTG MGR N/A	накнака	6	6	58	1	0		2 0		6	0	•	 3	8	5	9	7
BATES MEMBER N/A	FREDERICK	4	2	3 2	9	0		4 9	2	5	0	4	4	7	2	5	4

ALLIED PILOTS ASSOCIATION ENDING DATE OF PERIOD COVERED:

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	received more than \$10,000 in total disbursements and any affiliates.)	Gross (before ta	xes	and			for O		Other					
(B) Position (Enter employee's job		other dec		ons)	Allo	wances	Busi	ness	Disbursements		Tot			
(C) Name of Affiliated Organ	nization (if applicable)	(C	1		<u> </u>	(E)	(F	-)	(G)	<u> </u>	(H)		_
BEALL	PHILLIP	3 :	3 7	3 8		0	7	6 5 3	0	4	1	3	9	1
MEMBER														
N/A														
BERTLING	SAM	5 :	5 4	2 9		0	7	1 7 0	0	6	2	5	9	9
MEMBER														
N/A														
BICKHAUS	BERNARD	5 8	3 1	0 0		0		0	0	5	8	1	0	0
MGR SAFETY/TRAIN														
N/A		**************************************												
BISSELL	STANLEY	2 1 8	 3 4	7 9		0	6	177	0	2 2	4	6	5	6
MEMBER		j												
N/A														
BLANKENSHIP	STEVE	15	4 2	0 0		0	2 3	8 3 3	0	1 7	8	0	3	3
MEMBER		İ												
N/A		<u> </u>												
		<u> </u>			<u> </u>	<u> </u>	<u> </u>		1	<u> </u>				

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more from your organization and any affilia (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (e than \$10,000 in total disbursements les.) if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
BLEVINS RECEPTIONIST N/A	RITA	28876	0	199	0	29075
BOGGESS DIR OF REPRESENT N/A	BENNETT	160726	0	12497	0	173223
BROWN MEMBER N/A	DAVID	49095	0	5 4 8	0	49643
BROWN MEMBER N/A	ROBERT	1 4 5 5 0	0	18809	0	3 3 3 5 9
BRUDER MEMBER N/A	PETER	2 4 3 5 5	0	5 3 4 1	0	29696

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(A) Name (List all employees who received from your organization and any a (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements ffiliates.) (if applicable)	G (befoothe	er de	axe	s a	nđ	Allowances (E)	l f	sbursements for Official Business (F)	Other Disbursements (G)			ote (H)			
BURTON CLERICAL N/A	MIDGE		3	7	7 :	5 2	0		0	0	3	3	7	7	5	2
CARREON EMPLOYEE N/A	SUSIE		2	9	7 (6 4	0		6524	0	3	3	6	2	8	8
CHAMPION MEMBER N/A	ARON		1	1	9 9	9 5	0		2117	0	1	1	4	1	1	2
CLARK EMPLOYEE N/A	LYNNE		6	5	8 3	3 3	0		1339	0	6	3	7	1	7	2
CLARK MEMBER N/A	PATRICK		6	0	7 9	9 2	0		2445	0	6	5	3	2	3	7

ORGANIZATION NAME:

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(A) Name (List all employees who from your organization at (B) Position (Enter employee's job (C) Name of Affiliated Organ		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
COCHRAN MEMBER N/A	HENRY	21241	0	1351	0	2 2 5 9 2
COMPTON BENEFITS N/A	LINDA	68842	0	3940	0	7 2 7 8 2
CONLON MEMBER N/A	STEVE	10615	0	2160	0	1 2 7 7 5
DAVID MEMBER N/A	JÖHN	57743	0	20548	0	7 8 2 9 1
DENNIS MEMBER N/A	RUSSELL	126702	0	13436	0	1 4 0 1 3 8

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

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FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who re from your organization an	eceived more than \$10,000 in total disbursements d any affiliates.)	Gro (befo	oss s	Sala	ary s and			Disbu	rsem Offic		Other						
(B) Position (Enter employee's job t	itle.)	other	ded	luct			Allowances		sine		Disbursements		-	Tot	al		
(C) Name of Affiliated Organi	zation (if applicable)		(D	·)			(E)	((F)		(G)			(H)		
DIOMEDE	JOE		6 7	7 3	3 0	8	0			0	0		6	7	3	0	8
CONT ADMIN																	
N/A																	
DOMINY	DAVID		3 9	9 (7	1	0		1	9 2	0		3	9	2	6	3
EMPLOYEE																	
N/A																	
DOUGLESS	GRADY		1 4	4 8	3 8	7	0	4	6	1 8	0		1	9	5	0	5
MEMBER																	
N/A																	
DRYER	ERNEST		1 3	3 5	5 5 .	2	0	3	1	0 1	0		1	6	6	5	3
MEMBER																	İ
N/A																	
DUFF	ANDREA		5 1	1 9	9 6	5	0	6	1	4 7	0		5	8	1	1	2
EMPLOYEE																	
N/A																	
		<u> </u>						l				<u> </u>					

FILE NUMBER: 0 5 9 - 8 4 9

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(A) Name (List all employees who receive from your organization and are (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization		(befo	ore t r de	laxe	alary es and ctions)	Allowances (E)	3		rО	ffici nes	al	Other Disbursement (G)	ts			ota (H)			
DUKE ATTORNEY N/A	RAY	1	3	0	800		0	2	1	5	4 0		וס	1 5	5	2 3	3	4 (0
DUQUEMIN MEMBER N/A	DAVID		8	6	3 2 0		0	1	9	2	6 0	(1 ()	5	5	8	0
EATON MEMBER N/A	JAMES		4	9	5 3 3		0	1	1	9	9 5	(D	ϵ	3	1 :	<u> </u>	2	8
ECHEVERRIA MEMBER N/A	TORGE			9	706		0		1	6	7 0	(1	İ	1	3	7 1	6
FENWICK MEMBER N/A	HÜĞH		2	9	9 4 5		0		6	6	5 9	()	3	3	6	6	0	4

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(B) Position (Enter employee's job title.)	more than \$10,000 in total disbursements ffiliates.)	Gro (befo other		axe:	s ar		Allowances	for 0 Bus	sement Official siness	ts	Other Disbursements			ota (الا)			
(C) Name of Affiliated Organization	(п аррисавіе)	 					(E)		(F)		(G)		_	(H)			
FLUTY	SUE		3 3	3 1	1 7	2	0		1	6	0	:	3	3	1	8	8
EMPLOYEE																	
N/A																	
GABEL	DOUGLAS	 	1 4	4 3	3 0	7	0	1	0 0	9	0	,	1	5	3	1	6
MEMBER																	
N/A																	
GOLDFARB	JOANNE		2 9	9 3	3 1	7	0		5	1	0	1	2	9	3	6	8
EMPLOYEE																	
N/A										·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
GONZALEZ	ANTHONY		4 2	2 (ე g	3	0		6 6	4	0	4	4	2	7	5	 7
PRINT SHOP										·							
N/A		<u> </u>															
GOUNAUD	CHARLES		6 6	3 8	B 6	6	0	4	2 6	5	0	-	7	1	1	3	1
MEMBER										·	!						
N/A										İ							

ORGANIZATION NAME:

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(B) Position (Enter employee's job title.)		Gross Salary (before taxes and other deductions) (D)	Allowances	Disbursements for Official Business	Other Disbursements		
(C) Name of Affiliated Organizat	ION (if applicable)	(0)	(E)	(F)	(G)	(H)	
GROVES	DAVID	11729	0	4004	0	1573	3
MEMBER							
N/A					7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
HAGGARTY	MELISSA	3 1 5 3 0	0	8 0	0	3 1 6 1	0
EMPLOYEE							İ
N/A							
HAINA	KENT	29619	0	8929	0	3 8 5 4	8
MEMBER							
N/A							
HANKINS	SHANNON	24205	0	869	0	2507	7 4
MEMBER					:		
N/A							
HARDY	KATE	3 5 5 1 1	0	0	0	3 5 5 1	1
EMPLOYEE							
N/A							

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(A) Name (List all employees who refrom your organization and (B) Position (Enter employee's job till (C) Name of Affiliated Organization		Gr (befo		axe duc	s ar	nd	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		Tot (H			
HARGRAVE EMPLOYEE N/A	NICKI		4	1 8	8 3	3 4	0	0	0	4	1	8	3	3 4
HART MEMBER N/A	STEVEN		6 :	2 (0	7 6	0	8 3 5 4	0	7	0	4	3	3 0
HEBERT EMPLOYEE N/A	SUZETTE		3	1 :	2 9	9 6	0	1005	0	3	2	3	0	1
HEPP MEMBER N/A	CHARLES	1	4	 6 (8 2	2 9	0	27328	0	1 7	4	1	5	 ; 7
HILL MEMBER N/A	LLOYD	1	5	 5	2 1	1 4	0	10308	0	1 6	5	5	2	2 2

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(A) Name (List all employees who received in from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements iliates.) (if applicable)	Gro (befo other		axe:	s ar	nd	Allowances (E)	Bu	rsen Offici sine (F)	ial	Other Disbursements (G)		Γota (H)			
HULL EMPLOYEE N/A	STACEY		4 2	2 4	4 C	3	0			0	0	4	2	4	0	3
HUNTER MEMBER N/A	RALPH		4	1 4	 4	2	0		3 1	9 4	0	4	4	6	3	6
JACOBSON EMPLOYEE N/A	LINDA	77.77	2	 5	1 9) 5	0		6	9 4	0	2	5	8	8	9
KAWAI MEMBER N/A	TAKAAKI	The state of the s	ĺ	6 3	3 9) 4	0	(3 6	2 5	0	1	3	0	1	9
KENNEDY EMPLOYEE N/A	TRICIA		8 :	5 7	7 2	2 3	0	2	2 7	7 0	0	8	8	4	9	3

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(A) Name (List all employees who received months from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	re than \$10,000 in total disbursements ites.) (if applicable)	G (befoothe	er de	laxe	s a	nd	Allowances (E)	C	Disbursements for Official Business (F)	Other Disbursements (G)			Tol (H			
KNOERR DIR OF BENEFITS N/A	MIKE	1	2	9	1 8	3 0	0		7694	0	1	3	6	8	7	4
KRANYAK EMPLOYEE N/A	THELMA		8	5	0 ′	1 8	0		12867	0		9	7	8	8	5
KRUGER MEMBER N/A	RALPH		2	1	8 9	9 2	0		3 3 5 7	0		2	5	2	4	9
LAUER MEMBER N/A	JOHN	, the 1-7-1	4	7	1 ′	1 6	0		7877	0		5	4	9	9	3
LAWRENCE DIR OF FIN/ACCTG N/A	ЈОНИ	1	2	4	3 8	3 8	0		4614	0	1	2	9	0	0	2

ORGANIZATION NAME:
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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who receive from your organization and any) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	d more than \$10,000 in total disbursements affiliates.) On (if applicable)	Gr (befo	r ded	axe	s an		Allowances (E)	[f	burs or Of Busin	ffici: nes	al	Other Disbursements (G)			ota (H)			
LEONE MEMBER N/A	MICHAEL	, I I I	3	2 5	5 9	4	0		5	3 (6 8	0		3	7	9	6	2
LITTLE CLERICAL ACCTG N/A	JEAN		3	9 3	3 8	5	0			1 :	5 9	0		3	9	5	4	4
LOGSDON MEMBER N/A	ROBERT		2	 8 9	9 6	5	0			1 :	2 1	0	2	2	9	0	8	6
LOPEZ EMPLOYEE N/A	PETE		4	6 7	7 2	3	0		3	3 ;	3 7	0		5	5	0	6	0
MACKIE MEMBER N/A	R			9 4	4 3	5	0		1	7 :	3 4	0		1	1	1	6	9

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disbursements Gross Salary (before taxes and		Disbursements for Official	Other			
other deductions)	Allowances	Business	Disbursements			
(0)	(E)	(F)	(G)	(H)		
50761	0	375	0	5 1	1 3	6
7 5 8 1 0	0	28866	0	1 0 4	6 7	6
			1			
3 5 7 4 9	0	465	0	3 6	2 1	4
		!				
3 9 1 3 0	0	647	Û	3 9	7 7	7
				İ		
4 0 5 2 3	0	853	0	4 1	3 7	6
				<u>{</u>		
	(before taxes and other deductions) (D) 5 0 7 6 1 7 5 8 1 0 3 5 7 4 9	(before taxes and other deductions) (D) Allowances (E) 5 0 7 6 1 0 7 5 8 1 0 0 3 5 7 4 9 0 3 9 1 3 0 0	(before taxes and other deductions) (D) Allowances (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(before taxes and other deductions) (D) (E) (E) (F) (G) (G) 5 0 7 6 1	(before taxes and other deductions) (D) Allowances (E) (F) Cither Disbursements (G) (G) (H) 5 0 7 6 1 0 3 7 5 0 5 1 7 5 8 1 0 0 2 8 8 6 6 0 1 0 1 0 4 3 5 7 4 9 0 4 6 5 0 3 6 3 9 1 3 0 0 6 4 7 0 3 9	Cettore taxes and other deductions

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

<u></u>	eived more than \$10,000 in total disbursements any affiliates.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee's job title	·	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organiza	ation (if applicable)	(D)	(E)	(F)	(G)	(H)
MELLERSKI	MICHAEL	60110	0	2432	0	6 2 5 4 2
MEMBER						
N/A					7 TO THE TOTAL TOT	
MICHAELIS	MICHAEL	54767	0	11592	0	66359
MEMBER				İ		
N/A						
MICHAELSEN	KENT	26547	0	8173	0	3 4 7 2 0
MEMBER						
N/A						
MINER	TIMOTHY	20003	0	1189	0	21192
MEMBER						
N/A						
MORRISON	PATRICIA	4 0 8 3 2	0	17732	0	5 8 5 6 4
CLERICAL ACCTG						
N/A						
				<u> </u>	<u> </u>	<u> </u>

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FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received meaning from your organization and any affile) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements iliates.) (if applicable)	Gi (befo othe	r de	axe	s ar		Allowances (E)		Disbursements for Official Business (F)	Other Disbursements (G)			ota (H)			
MOYED EMPLOYEE N/A	RICHARD		9	4	1 3	7	0		7774	0	1 ()	1	9	1	1
MUELLER MEMBER N/A	FRED		1	4	0 8	1	0		1 4 2 9	0		1	5	5	1	0
NORELIUS MEMBER N/A	JAMES	7,700.00	5	2	1 4	. 2	0		12150	0	6	3	4	2	9	2
O'LEARY MEMBER N/A	KEITH		3	8	6 0	1	0		3973	0	4	4	2	5	7	4
OVERMAN DIR COMM. N/A	GREGG	1	1	1	8 6	9	0		1 2 8 3 2	0	1 2		4	7	0	1

06/30/2003

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED: 06/30/2003

(A) Name (List all employees who received more that from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applications)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
PATTERSON MEMBER N/A	NORMAN	8 6 4 3	0	3775	0	1 2 4 1	1 8
PAUWELS MEMBER N/A	LINDA	7 2 6 0 2	0	4876	0	7747	7 8
PENDERGRASS PRINT SHOP N/A	DON	3 9 6 1 1	0	4 5 6	0	4006	6 7
PINION MEMBER N/A	DOUGLAS	136366	0	6171	0	1 4 2 5 3	3 7
PITTS MEMBER N/A	DONALD	3 2 4 2 3	0	12593	0	4 5 0 1	16

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

06/30/2003

FILE NUMBER: 0 5 9 - 8 4 9

an \$10,000 in total disbursements)	- (before ta	axes	and			for O	fficial	Other					
			ions)		Allowances								
oplicable)	()	<i>''</i>		_	(E)	(F)	(G)	ļ	(۱	1)_		
JAMES	1 :	2 8	8	5	0		0	0	1	2	8 8	8	3 5
WILLIAM	5	1 0	0	7	0	7	3 6 2	0	5	5 8	3	. (3 8
SUE	6 :	2 5	7	4	0		8 4 2	0	6	3 3	3		 1 €
DAVID	1 1	2 7	9	6	0		6 5 1	0	1	3		. 2	
	İ												
					,								
PAUL	5 :	2 4	9	9	0	1 4	9 9 5	0	6	5 7	 ' 4	. (9 4
					İ								
	JAMES WILLIAM SUE DAVID	(before to other decorpicable) JAMES 1 WILLIAM 5 SUE 6 DAVID 1	(before taxes other deduction (D) JAMES 1 2 8 WILLIAM 5 1 0 SUE 6 2 5	(D) JAMES 1 2 8 8 WILLIAM 5 1 0 0 SUE 6 2 5 7	(before taxes and other deductions) (D) JAMES 1 2 8 8 5 WILLIAM 5 1 0 0 7 SUE 6 2 5 7 4	(before taxes and other deductions) (D) Allowances (E) JAMES 1 2 8 8 5 0 WILLIAM 5 1 0 0 7 O SUE 6 2 5 7 4 O DAVID 1 2 7 9 6 O	(before taxes and other deductions)	(D) (Defore taxes and other deductions) (D) (E) (F) JAMES 1 2 8 8 5 0 0 0 WILLIAM 5 1 0 0 7 0 7 3 6 2 SUE 6 2 5 7 4 0 8 4 2 DAVID 1 2 7 9 6 0 6 5 1	Cettore taxes and other deductions	(before taxes and other deductions) (D) Allowances (E) (F) (G) (G) JAMES 1 2 8 8 5 0 0 0 0 0 1 WILLIAM 5 1 0 0 7 0 7 3 6 2 0 5 SUE 6 2 5 7 4 0 8 4 2 0 6 DAVID 1 2 7 9 6 0 6 5 1 0 1	Complication Comp	Chefore taxes and other deductions of the dedu	Celefore taxes and other deductions of the ded

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED: 06/30/2003

(A) Name (List all employees who receive from your organization and any) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	d more than \$10,000 in total disbursements affiliates.) On (if applicable)	Gro (befor other		xes ucti	and		Allowances (E)	fo	urser r Offic usine (F)		Other Disbursement (G)	ts			otal H)			
RATCLIFF MEMBER N/A	MICHAEL		1 (9	7 9	9	0			4 9)	1		2 (6 2	2 8	
REIFSNYDER MEMBER N/A	ROBERT		7 6	6 0	5 8	3	0	1	8 6	1 5)	9) 4	4 (6	7 3	3
REILMAN MEMBER N/A	JON		1 (8 (3 5	5	0		6	2 0) 	1		1 4	4 :	5 5	5
ROBINSON EMPLOYEE N/A	N E'T'A		—- 4 3	3 1	8 5	5	0		7	19	()	4		3 9	9 (0 4	_
ROSEELOT MEMBER N/A	LAWRENCE		5 1	1 8	9 8	3	0		8 2	9 6			6	; (0 -	1 !	9 4	- -

FILE NUMBER: 0 5 9 - 8 4 9

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ı	000	ANIIZATI	ON NAME:		
1	UKG	HINLAH	ON NAME:		
1	A 1 1		UL OTO	4000014	TIANI
ı	AL		ขบาร	ASSOCIA	A L RC JIV
ı	/ \	-1		\sim	111011

ENDING DATE OF PERIOD COVERED:

06/30/2003

(A) Name (List all employees who received refrom your organization and any affice) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements filiates.) (if applicable)	Gr (befo	r de	ахе	es a	and		Allowances (E)	D	isbursements for Official Business (F)	Other Disbursements (G)			ota (H)			
RUBAE EMPLOYEE N/A	MELISSA		3	7	3	1 4	4	0		8 2 2 6	0		4	5	5	4	0
RUBIN MEMBER N/A	RICHARD		7	9	5	3 8	8	0		14160	0	(9	3	6	9	8
RUSHING PRINT SHOP N/A	BRUCE		6	1	6	6 8	8	0		8 5 1	0		6	2	5	1	9
SAFLEY MEMBER N/A	JON		5	1	8	5	7	Û		4153	0		5	6	0	į	0
SCHAFER MEMBER N/A	GLENN		1	5	7	1 :	5	0		5788	0		2	1	5	0	3

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

06/30/2003

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received in from your organization and any aff (B) Position (Enter employee's job title.)	nore than \$10,000 in total disbursements filiates.)	Gro (befo		xes	and		Allowances	fo	ursements r Official usiness	Other Disbursemen	te		To	otal		·	
(C) Name of Affiliated Organization	(if applicable)		(D)		,		(E)		(F)	(G)	ıs			H)			╛.
SCHROEDER	КАТНҮ		6 0) 5	6	6	0		0)	0	6	C) 5	6	6] \
EMPLOYEE																	
n/A		1															
SHANNON	MARTIN		7 6	9	1	7	0		0)	0	7	6	9	1	7	
CONTRACT ADMIN																	
N/A																	
SHAYMAN	GREG		1 3	6	2	6	0		2 4 7 8	,	0	1	6	3 1	0	4	
MEMBER																	
N/A										7							
SIZEMORE	ANDREW		3 5	5	5	7	0		6615		0	4	2	2 1	7	2	-
MEMBER											İ						
N/A											l.						١,
SLIKKERVEER	WILLIAM		3 3	0	3 ;	3	0		5 9 1	(0	3	3	6	2	4	1
MEMBER																	
N/A																	

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received refrom your organization and any aff (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements filiates.) (if applicable)	Gross (before to other dec	axe	s a	nd		Allowances (E)		ours or Or Busii (F	ffici: nes:	al	Other Disbursements (G)			To			
SOPHOS EMPLOYEE N/A	HARRY	8	7	4 7	7 8	}	0		2	0 (0	0	7.7.	8	9	4	7	' 8
STEFANIK MEMBER N/A	RONALD		8	4 (ВС)	0		2	 5 (3 1	0		1	1	0		1 1
STELTZER EMPLOYEE N/A	HEIDI	4	4	1 (6 5		0	2	0	2 9	9 4	0		6	4	4	5	5 9
STEPHENS MEMBER N/A	MARK	12	6	1	7 2		0	· - ·- ·	8	7 4	4 7	0	4	3	4	9	4	9
STEWART MEMBER N/A	DAVID	1	7	2 8	8 9)	0		4	4	1 6	0		2	1	7	() 5

06/30/2003

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:

06/30/2003

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(B) Position (Enter employee's job title.)	d more than \$10,000 in total disbursements affiliates.)	Gro (befor		xes ucti	and		Allowances	D	isbu for Bu	Offi sine	cia	1	Other Disbursements			To			
(C) Name of Affiliated Organizatio	(if applicable)			<i>,</i>			(E)	_		(F)			(G)	<u> </u>		(1)		
STOW	ROBERT		9 3	3 1	0 9		0		1 4	1	1	0	0	1	0	7	2	1	9
MEMBER																			
N/A																			
TETEN	SUSAN		3 9	9 6	3 9)	0	 			5	2	0	ļ <u>.</u>	3	9	6	9	1
BENEFITS COORD.																			
N/A																			
THORN	DEBBIE		6 0	9	1 5	;	0	-	1	9	3	1	0	ļ	6	2	8	4	6
OFFICE ADMIN.																			
N/A																			
WALKER	R	<u> </u>	—	9	4 3	}	0		4	. 2	4	7	0		1	1	1	9	0
MEMBER																			
N/A																			
WALLACE	TINA		2 9	9 0	6 0		0		5	0	9	2	0		3	4	1	5	2
EMPLOYEE																			
N/A																			

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

06/30/2003

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who receive from your organization and any) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ed more than \$10,000 in total disbursements affiliates.)	Gro (befor other	e ta	xes :	and		Allowances (E)	for (Bus	sements Official iness F)		Other ursements (G)			otal H)			
	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	о г		3 8		0		855	-	0	8	_			9 3	-
WELCH MEMBER	BRIAN	,	0 0	, 0	5 0	Ί	U	· '			J		, ,		, .	, ,	
N/A																	
WELLER	GARY		1 6	7	5 7	 	0	 	9 4 2		0	1	-	7 6	3 8	9 9	_
MEMBER																	
N/A																	
WELSH	RAYMOND		9	4	0 9)	0	1	1 8 8	<u> </u>	0	1	() 5	5 9	9 7	-
MEMBER	,	 															
N/A																	
WEST	JAMES		a	5	8 2)	0	4	460	 	0	1		3 () 4	4 2	
MEMBER																	
N/A		 															
WHITE	EDWIN	,	9 2	6	7 7	1	0	6	0 2 1		0	9) {	3 6	3 8	9 8	
MEMBER		<u>.</u>															
N/A																	

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (re than \$10,000 in total disbursements ites.) (if applicable)	Gr (befo other		axe: luci	s an		Allowances (E)	sbursements for Official Business (F)		Other Disbursements (G)		۲ota (H)			
WILLSON EMPLOYEE N/A	JAMES		6	5 2	2 1	9	0	8697	7	0	7	3	9	1	6
WISSING MEMBER N/A	TODD		3	7 9	9 4	6	0	9483	3	0	 4	7	4	2	9
WOODWORTH MEMBER N/A	MICHAEL		1	1 9	9 2	3	0	2079	9	0	1	4	0	0	2
ZWINGLE MEMBER N/A	CHRISTOPHE		1 (9 2	2 5	2	0	3908	3	0	2	3	1	6	0

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CRGANIZATION NAME: ALLIED PILOTS ASSOCIATION	FILE NUMBER: 0 5 9 - 8 4 9
ENDING DATE OF PERIOD COVERED: 06/30/2003	

SCHEDULE 11 - BENEFITS (continued)

Description (A)	To Whom Paid (B)			ioun C)	t	·		
GROUP MEDICAL	HEALTHCARE PARTNERS-ADMN.	4	4	1	0	0	0	
POSTRETIREMENT	POSTRETIREMENT FUNDING		3	6	3	8	1	
DISABILITY INSURANCE	RELIANCE STANDARD		1	2	8	0	9	
WORKER'S COMPENSATION	TRAVELERS INSURANCE		2	7	6	2	6	
OTHER MISC BENEFITS	VARIOUS VENDORS			1	3	3	0	
		·····				·		
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SANIZATION NAME:	FILE NUMBER:	n F	a	_ 8	₹ 4	C
LIED PILOTS ASSOCIATION						

ENDING DATE OF PERIOD COVERED:

06/30/2003

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS (continued)

Description (A)	Amount (B)			
IN THE SHADOW OF THE BLADE	5	0	0	0
NATCA LOCAL 90		5	0	0
OMNI AMERICAN CREDIT UNION		1	5	0
RHODE ISLAND SCHOOL OF DESIGN			5	0
UNIVERSITY OF N TX SCHOLARSHIP		1	0	0
ST THOMAS MORE FLEC CHURCH		1	2	5
TAIWANESE PRESBYTERIAN CHURCH			5	0
CHRIS BAKER MEM SCHOLARSHIP FD	***************************************	1	0	0
OTHER MEMORIAL DONATIONS		1	0	0
				•
			·	
			"	

CRGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)				Am (ount B)	<u> </u>		
UTILITIES			2		5	2	8	6
	 	··-						
		-						
	 							
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ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 5 9 - 8 4 9

06/30/2003

SCHEDULE 3 – OTHER ASSETS (continued)

Description (A)	Book Value (B)			
SECURITY DEPOSITS		9	0	0
TITLE HOLDING CO RECEIVABLES		2	1	4
OTHER TRAVEL ADVANCES	3	3	2	9
				-=
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ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED: 06/30/2003

SCHEDULE 4 - OTHER LIABILITIES (continued)

Description (A)			mour I of F (B)	erio	<u>.</u>		:
DUES REFUNDS PAYABLE			8	7	9	1	1
MEDICAL INSURANCE PAYABLE		""	9	0	6	4	1
ACCRUED VACATION PAYABLE	 	5	4	3	0	4	6
OTHER ACCRUED LIABILITIES	 1	4	5	1	8	0	5
TITLE HOLDING CO PAYABLE		1	0	7	4	3	9
FURLOUGHED PILOT LOAN FUND	1	0	0	8	2	7	1
SEVERANCE PAY PACKAGE PAYABLE			9	6	6	9	7
FURLOUGHED PILOT LOAN FUND ALLOW		1	7	0	0	7	1
							_

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	

75. ADDITIONAL INFORMATION

tem Number	
į	THE ALLIED PILOTS ASSOCIATION CREATED THE APA HOLDING COMPANY, AN IRS CODE SECTION 501(C)(2) TITLE HOLDING COMPANY IN 1999. THE PURPOSE OF THIS COMPANY IS TO HOLD TITLE TO THE REAL PROPERTY PURCHASED BY THE ALLIED PILOTS ASSOCIATION. THE ACTIVITY OF THIS COMPANY IS INCLUDED IN THIS REPORT. THE ADDRESS OF THIS SUBSIDIARY IS 14600 TRINITY BOULEVARD, SUITE 500, FORT WORTH, TX 76155.
i	

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
106/30/2003	\

75. AE	DDITIONAL INFORMATION (continued)	
iem Number 11	THE ALLIED PILOTS ASSOCIATION SPONSORS THE FOLLOWING PROGRAMS: ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE ALLIED PILOTS ASSOCIATION WELFARE AND BENEFITS MASTER TRUST (EIN#75-2589033): APA CATASTROPHIC MEDICAL AND HOSPITAL PER DIEM BENEFIT PLAN APA DISABILITY INCOME PLAN APA VOLUNTARY SUPPLEMENTAL MEDICAL AND CUSTODIAL CARE PLAN APA GROUP TERM LIFE INSURANCE PLAN APA PILOTS MUTUAL AID ALLIED PILOTS ASSOCIATION FURLOUGHED PILOT LOAN FUND FLIGHT 965 MEMORIAL/SCHOLARSHIP FUND APA HOLDING COMPANY (EIN#75-2785182)	
	ALLIED PILOTS ASSOCIATION SCHOLARSHIP FUND (EIN#75-2759329)	
		·

CRGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

75. ADDITIONAL INFORMATION (continued)

Item Number	
	THE ALLIED PILOTS ASSOCIATION HAS A SEPARATE POLITICAL ACTION COMMITTEE CALLED THE ALLIED PILOTS ASSOCIATION
	POLITICAL ACTION COMMITTEE. THE COMMITTEE FILES A REPORT ANNUALLY WITH THE FEDERAL ELECTION COMMISSION AND
	THE INTERNAL REVENUE SERVICE.
1	
Form LM-2 (Revise	dd 2000) 4 - I75

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

75. ADDITIONAL INFORMATION (continued)

Item Number	
	AN AUDIT OF THE BOOKS AND RECORDS OF THE ALLIED BILOTS ASSOCIATION WAS PERFORMED BY THE INDEPENDENT
14	AN AUDIT OF THE BOOKS AND RECORDS OF THE ALLIED PILOTS ASSOCIATION WAS PERFORMED BY THE INDEPENDENT
	ACCOUNTING FIRM OF KPMG LLP.
	ACCOUNTING FIRM OF REMIGELE.
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ORGANIZATION NAME:	
ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
06/30/2003	

75. ADDITIONAL INFORMATION (continued)

Item Number 8D(2)

DURING 1999, A FEDERAL DISTRICT JUDGE (THE JUDGE) FOUND APA IN CONTEMPT OF COURT AND LIABLE FOR DAMAGES OF \$45,507,280 IN FINE PAYABLE TO AMR. THE JUDGE DETERMINED THAT APA WAS IN VIOLATION OF A TEMPORARY RESTRAINING ORDER ISSUED BY THE COURT BECAUSE APA DID NOT TAKE REASONABLE MEASURES TO PREVENT APA LEADERSHIP AND ITS MEMBERS FROM INTERFERING WITH THE OPERATIONS OF AMR. THE VIOLATION WAS A RESULT OF A LABOR DISPUTE INVOLVING THE INTEGRATION OF RENO AIR PILOTS WITH AMERICAN AIRLINES PILOTS' PAY RATES AND BENEFITS. IN 1999, APA DEPOSITED \$20,000,000 IN AN ESCROW ACCOUNT FOR THIS CONTINGENCY.

DURING 2001, APA EXHAUSTED ALL LEGAL REMEDIES AND COMPLIED WITH THE JUDGE'S ORDER TO TRANSFER THE ESCROW FUNDS TO AMR AND ESTABLISHED A NOTE PAYABLE OF \$27.289,932 TO AMR FOR THE REMAINING DIFFERENCE, INCLUDING INTEREST.

DURING CONTRACT NEGOTIATIONS WITH AMR DURING THE YEAR ENDED JUNE 30, 2003, AMR AGREED TO FORGIVE THE REMAINING INDEBTEDNESS AT THE TIME OF \$25.112.227.

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

75. AD	DITIONAL INFORMATION (continued)
Item Number 17	DURING 1999, A FEDERAL DISTRICT JUDGE (THE JUDGE) FOUND APA IN CONTEMPT OF COURT AND LIABLE FOR DAMAGES OF \$45,507,280 IN FINE PAYABLE TO AMR. THE JUDGE DETERMINED THAT APA WAS IN VIOLATION OF A TEMPORARY RESTRAINING ORDER ISSUED BY THE COURT BECAUSE APA DID NOT TAKE REASONABLE MEASURES TO PREVENT APA LEADERSHIP AND ITS MEMBERS FROM INTERFERING WITH THE OPERATIONS OF AMR. THE VIOLATION WAS A RESULT OF A LABOR DISPUTE INVOLVING THE INTEGRATION OF RENO AIR PILOTS WITH AMERICAN AIRLINES PILOTS' PAY RATES AND BENEFITS. IN 1999, APA DEPOSITED \$20,000,000 IN AN ESCROW ACCOUNT FOR THIS CONTINGENCY.
	DURING 2001, APA EXHAUSTED ALL LEGAL REMEDIES AND COMPLIED WITH THE JUDGE'S ORDER TO TRANSFER THE ESCROW FUNDS TO AMR AND ESTABLISHED A NOTE PAYABLE OF \$27,289,932 TO AMR FOR THE REMAINING DIFFERENCE, INCLUDING INTEREST.
	DURING CONTRACT NEGOTIATIONS WITH AMR DURING THE YEAR ENDED JUNE 30, 2003, AMR AGREED TO FORGIVE THE REMAINING INDEBTEDNESS AT THE TIME OF \$25,112,227.

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

75. ADDITIONAL INFORMATION (continued)

Item Number

SCHEDULE 1, LOANS RECEIVABLE:

ITEM 1. SUPPLEMENTAL INFORMATION REGARDING FURLOUGHED PILOT LOAN FUND

PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR PILOTS THAT HAVE BEEN FURLOUGHED TERMS OF REPAYMENT: IN 1995, APA BEGAN A FURLOUGHED PILOTS LOAN FUND (THE FUND) TO PROVIDE FINANCIAL SUPPORT FOR PILOTS ON FURLOUGH. THE FUND ACCEPTED VOLUNTARY CONTRIBUTIONS FROM MEMBERS AND USED THE PROCEEDS OF SUCH CONTRIBUTIONS TO PROVIDE NONINTEREST-BEARING LOANS TO FURLOUGHED PILOTS IN FINANCIAL NEED. THE MEMBERS WHO CONTRIBUTED TO THE FUND RECEIVED A PARTIAL REFUND OF THEIR PRO RATA SHARE IN 1998 AND THE BALANCE IN 2001. IN CONNECTION WITH THE ESTABLISHMENT OF THE FUND AND BY RESOLUTION OF APA'S BOARD OF DIRECTORS IN APRIL 1995, APA ADVANCED \$203,736 TO THE FUND. SINCE 2001, MEMBERS HAVE PROVIDED AN ADDITIONAL \$1,008,271 IN ADDITIONAL FUNDS TO RECENTLY FURLOUGHED PILOTS. WHEN LOAN PAYMENTS ARE COMPLETED, ALL MEMBERS WILL RECEIVE THE REMAINDER OF THEIR PRO RATA SHARE, NET OF CHARGEOFFS AND NET INCOME, IF ANY. THE FUND HAD LOANS OUTSTANDING FROM FURLOUGHED PILOTS OF \$1,093,873 AND \$500,148, AS OF JUNE 30, 2003 AND 2002, RESPECTIVELY.

ITEM 2. SUPPLEMENTAL INFORMATION REGARDING IRISH PILOTS UNION RECEIVABLE

PURPOSE: TO PROVIDE SHORT TERM FINANCIAL SUPPORT FOR THE IRISH PILOTS UNION TERMS OF REPAYMENT: THE ENTIRE AMOUNT OF THE RECEIVABLE WAS REPAID TO THE ALLIED PILOTS ASSOCIATION IN JULY 2002.

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
06/30/2003	

75. ADDITIONAL INFORMATION (continued)

	75. ADDITIONAL INFORMATION (CONTINUED)		
Item Number 22	SEE ATTACHED REVISIONS TO THE POLICY MANUAL DATED MAY 18, 2003 AND TWO COPIES OF THE CONSTITUTION AND BYLAWS DATED AUGUST 27, 2003 WHICH WAS RATIFIED AND APPROVED BY THE ALLIED PILOTS ASSOCIATION MEMBERSHIP ON MAY 18, 2003. NO SUBSTANTIVE CHANGES TO POLICIES AND PROCEDURES WERE MADE, THEREFORE FORM LM-1 IS NOT REQUIRED TO BE FILED.		